

Influenza Vaccination of Employees in Massachusetts Healthcare Facilities Directions for Data Reporting 2010-2011

Topic: Reporting Seasonal Influenza Vaccination for Healthcare Facility Employees

Description: This guidance provides detailed instructions for completing the Massachusetts Department of Public Health (MDPH) 2010-2011 seasonal influenza reporting requirements for healthcare facility employees using the MDPH web-based reporting system.

General Directions for Data Collection

Report for Seasonal Influenza Vaccination: This reporting process is applicable to seasonal influenza vaccination for 2010-2011.

Please review all data for accuracy and completeness, as edits will not be possible following submission to MDPH.

All influenza vaccination data must be received by MDPH no later than 5:00 pm, April 15, 2011.

Each healthcare facility will receive an email notification confirming receipt of data.

Healthcare facilities must retain copies of all data submitted in a secure file for a minimum of three years. These data are subject to validation by MDPH through April 15, 2014.

Reporting for Institutions with Multiple Campuses

Hospitals:

Please report on every hospital campus consistent with the way your hospital reports healthcare associated infections to the National Healthcare Safety Network (NHSN). If unsure about how the hospital reports to NHSN, please consult your hospital's Infection Prevention Program, or call Eileen McHale at the MDPH (617-753-7324).

Clinics:

Please report each free standing, separately licensed clinic separately.

Reporting for Institutions with Satellite Locations

Hospitals and Clinics:

For the purposes of this reporting requirement, influenza data for employees in hospital and clinic-affiliated satellites such as clinical laboratories, urgent care centers, radiology centers, MRI units, etc., must be included in the data reported by the hospital and clinic.

Instructions:

Step 1: Start by clicking on the link to the MDPH website. Go to www.mass.gov/dph/dhcg and click on the “Influenza Vaccination Reporting 2010-2011” link. Right click on the “Flu Data Submission Form” link, and save this spreadsheet file to your computer’s hard drive. Please do not alter the structure of the spreadsheet in any way.

Step 2: Under the “General Information” heading of the spreadsheet, enter facility name in Column A and select facility type from the drop-down menu in Column B. Begin entering data in Row 3 of the spreadsheet. If you are responsible for entering data for multiple separately licensed facilities please use the additional rows beginning with row 4. (Figure 1)

Figure 1

	A	B	C	D
1	General Information			
2	Healthcare Facility Name	Healthcare Facility Type	Contact Name	Contact Phone Number
3				
4				
5				

Step 3: Under the “General Information” heading of the spreadsheet, enter complete name in Column C, phone number in Column D, email address in Column E and, in Column F, the position/title of the person at your healthcare facility whom MDPH should contact if there are questions about influenza data submission. (Figure 2)

Figure 2

	C	D	E	F
1	General Information			
2	Contact Name	Contact Phone Number	Contact Email	Contact Position / Title
3				
4				
5				

Step 4: Under the “General Information” heading of the spreadsheet, enter the date the form is completed in Column G and MDPH issued healthcare facility license number in Column H. (Figure 3)

Figure 3

	A	B	C	D	E	F	G	H	I	J
1	General Information									
2	Healthcare Facility Name	Healthcare Facility Type	Contact Name	Contact Phone Number	Contact Email	Contact Position / Title	Date of Completion of Data Collection Form	Mass. DPH Facility ID Number		
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Step 5: Under the “Required Data” heading of the spreadsheet, (beginning in column I), enter the ***number of healthcare facility employees*** who received the seasonal influenza vaccination FROM the healthcare facility from 8/1/10 through 3/31/11 in Column I. *Do not include doses administered after 3/31/11.* (Figure 4)

For the purposes of the vaccination program, **employee is defined as:**

- Individuals, both full-time and part-time, who are on the health facility payroll as of December 31, 2010.
- This includes, but is not limited to: physicians; nurses; interns/residents; fellows; physician assistants; physical, occupational, respiratory and speech therapists; laboratory and operating room technicians; central supply staff; pharmacists; maintenance/environmental services staff; dietary staff; attendants/orderlies, secretarial and administrative staff; contract staff, whether or not such individuals provide direct patient care.
- Employees, such as contractors performing administrative functions, who do not work at or come to the licensed healthcare facility are not required to be vaccinated.

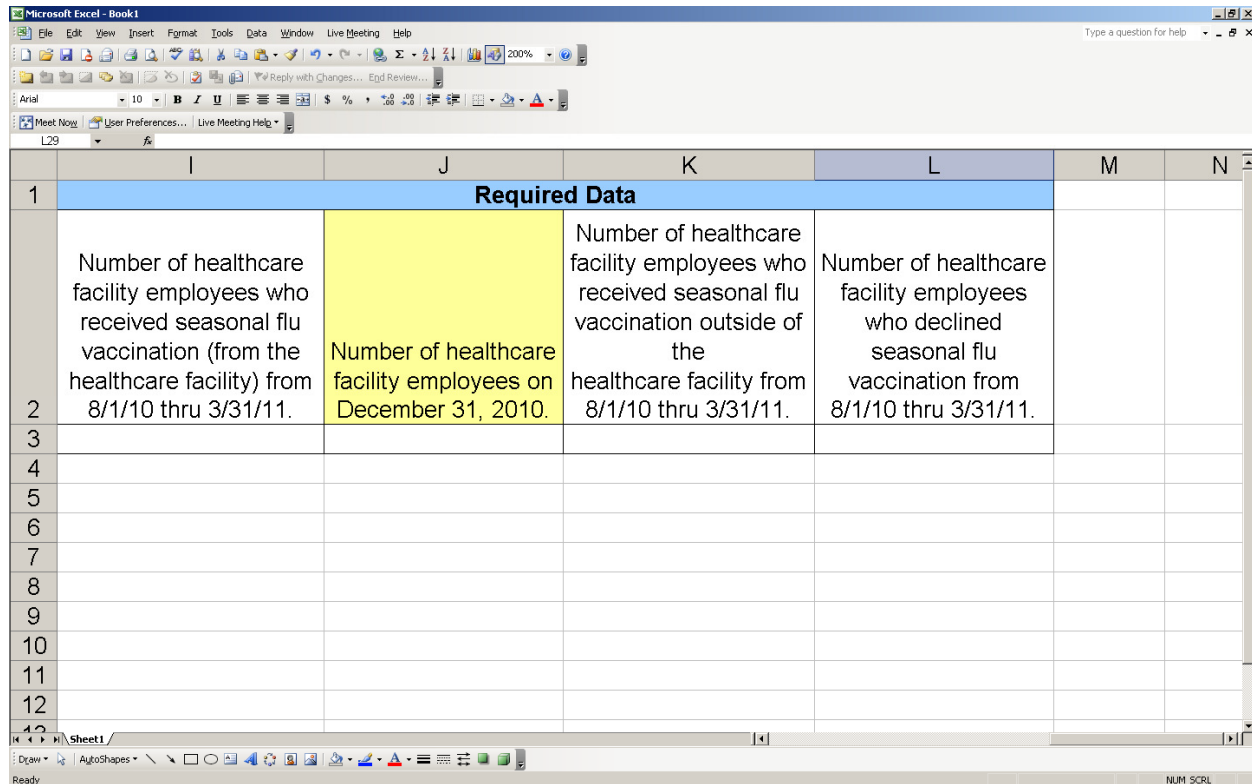
Figure 4

The screenshot shows a Microsoft Excel spreadsheet titled "Microsoft Excel - Book1". The spreadsheet has a heading "Required Data" in blue cells across columns I, J, K, and L. Below the heading, there are four columns with the following descriptions:

	I	J	K	L	M	N
1	Required Data					
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/10 thru 3/31/11.	Number of healthcare facility employees on December 31, 2010.	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/10 thru 3/31/11.	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/10 thru 3/31/11.		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Step 6: Under the “Required Data” heading of the spreadsheet, enter the total number of employees on your healthcare facility’s payroll on December 31, 2010 in Column J. (Figure 5) For ***number of healthcare facility employees***, use your healthcare facility’s human resources department or payroll database.

Figure 5



	I	J	K	L	M	N
1	Required Data					
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/10 thru 3/31/11.	Number of healthcare facility employees on December 31, 2010.	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/10 thru 3/31/11.	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/10 thru 3/31/11.		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Step 7: Under the “Required Data” heading of the spreadsheet, enter ***number of healthcare facility employees*** who received seasonal influenza vaccination OUTSIDE the healthcare facility (for example from a private physician’s office, community clinic, etc.) in Column K. (Figure 6) Do not include doses administered after 3/31/11.

Figure 6

	I	J	K	L	M
1	Required Data				
2	Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/10 thru 3/31/11.	Number of healthcare facility employees on December 31, 2010.	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/10 thru 3/31/11.	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/10 thru 3/31/11.	
3					
4					
5					
6					
7					
8					
9					
10					
11					

Step 8: Under the “Required Data” heading of the spreadsheet, enter total number of **healthcare facility employees** who DECLINED seasonal influenza vaccination from 8/1/10 through 3/31/11 in Column L. (Figure 7) Do not include information obtained after 3/31/11.

Figure 7

The screenshot shows a Microsoft Excel spreadsheet titled "Microsoft Excel - Book1". The spreadsheet has a "Required Data" heading in row 1, spanning columns I through L. The data is organized into columns I, J, K, L, and M. Column I contains row numbers 1 through 11. Column J contains the text "Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/10 thru 3/31/11." Column K contains the text "Number of healthcare facility employees on December 31, 2010." Column L contains the text "Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/10 thru 3/31/11." Column M contains the text "Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/10 thru 3/31/11." The cell in column M, row 1, is highlighted in yellow. The spreadsheet is displayed in a window titled "Microsoft Excel - Book1" with a standard menu bar and toolbar. The status bar at the bottom indicates "Ready" and "NUM SCRL".

	I	J	K	L	M
1	Required Data				
2		Number of healthcare facility employees who received seasonal flu vaccination (from the healthcare facility) from 8/1/10 thru 3/31/11.	Number of healthcare facility employees on December 31, 2010.	Number of healthcare facility employees who received seasonal flu vaccination outside of the healthcare facility from 8/1/10 thru 3/31/11.	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/10 thru 3/31/11.
3					
4					
5					
6					
7					
8					
9					
10					
11					

Step 9: Please note this field is optional and may be left blank. Submit optional comments based on your experience collecting and submitting data on influenza vaccination of healthcare employees in your facility in Column M. (Figure 8)

Figure 8

	L	M	N	O	P	Q	R	S	T
1		Comments							
2	Number of healthcare facility employees who declined seasonal flu vaccination from 8/1/10 thru 3/31/11.	Comments							
3									
4									
5									
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7									
8									
9									
10									
11									

Step 10: Once you have completed filling out the spreadsheet, please email a copy of your spreadsheet file to the following address: dhcq.fludata@state.ma.us . Each healthcare facility will receive an email notification confirming MDPH receipt of data.

For questions or technical assistance please contact the Bureau of Health Care Safety and Quality at dhcq.fludata@state.ma.us . Support is available Monday through Friday, 8:00 am-5:00 pm.

Influenza Data Submission Deadline: April 15, 2011